

PHOTO #: \_\_\_\_\_ PRINTS: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_ CERT/PHOTO: \_\_\_\_\_ PAID ISP: \_\_\_\_\_

# GAT GUNS - Illinois Concealed Carry Application

[Filing fee: \$35-40 paid at write up counter] [State fee: \$150 + 3.38 credit card]

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) FOID #: \_\_\_\_\_ EYE COLOR \_\_\_\_\_

In what US State **OR** Foreign Country were you born? \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Passwords must be 8-15 characters ONLY, and contain at least one upper case letter, one lower case letter, one number and one special character. Allowed special characters: !, #, \$, %, ^, &, \*, ?, |, <, >

Use **≡** under letter to indicate capital letters.

## PREVIOUS LEGAL NAMES (INCLUDING YOUR MAIDEN NAME)

Are you a U.S. Citizen? Yes No If No, what is your country of citizenship \_\_\_\_\_

Are you active military? Yes No Are you a Law Enforcement officer or retired LEO? Yes No

RACE: AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER BLACK UNKNOWN WHITE

Previous 10 Years of Addresses, Including Current Address				
STREET	CITY, STATE, ZIP	COUNTY	FROM Mo/Yr	TO Mo/Yr
			/	Current
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

Check if Current Address is different than existing FOID/CCL.

Contact Phone # \_\_\_\_\_

If you have answered YES to any of the questions on the reverse side of this form, please let your cashier know. If you have been granted relief, supporting documentation will be required so that the ISP can validate your response.

**Please Answer the following questions regarding your criminal history:**

**CIRCLE ANSWER**

- YES NO** 1. Have you ever been convicted of a felony under the laws of this or any other jurisdiction?
- YES NO** 2. Within the past 5 years (preceding the date of this application), have you been convicted of a battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed?
- YES NO** 3. Have you ever been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense?
- YES NO** 4. Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony?
- YES NO** 5. Are you currently the subject of an existing Order of Protection or No Contact/No Stalking Order?
- YES NO** 6. Within the previous year, have you failed a drug test for a drug for which you did not have a prescription?
- YES NO** 7. Within the past year (preceding the date of this application), have you used or been addicted to any controlled substance or narcotics in violation of state or federal law?
- YES NO** 8. Within the past 5 years (preceding the date of this application), have you been a patient in a mental institution or any part of a medical facility for the treatment of mental illness?
- YES NO** 9. Have you ever been adjudicated by a court as a mental defective or ordered by a court, board or authorized entity to an in-patient or out-patient mental health?
- YES NO** 10. Are you intellectually or developmentally disabled?
- YES NO** 11. Within the past 5 years (preceding the date of this application), have you been convicted or found guilty in this State or any other state of a misdemeanor involving the use or threat of use of physical force or violence to any person?
- YES NO** 12. Are you currently the subject of pending arrest warrants, prosecution, or proceeding for an offense or action that could lead to the disqualification to own or possess a firearm?
- YES NO** 13. Within the past 5 years (preceding the date of this application), have you been in residential or court-ordered treatment for alcoholism, alcohol detoxification, or alcohol treatment?
- YES NO** 14. Within the past 5 years (preceding the date of this application) have you been convicted or found guilty in this State or any other state of 2 or more violations related to driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds, or any combination thereof?
- YES NO** 15. Are you a non-citizen who is unlawfully present in the United States under the laws of the United States?
- YES NO** 16. Are you currently present in the United States under a non-immigrant visa of the Immigration and Nationality Act?
- YES NO** 17. Have you ever renounced your citizenship as a citizen of the United States?
- YES NO** 18. Have you ever been discharged from the Armed Forces under dishonorable conditions?
- YES NO** 19. Are you a fugitive from justice?